

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10001153

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR	PROVIDING AN OPTIMIZ				
the specification of which is a					
() was filed on Number	as US Application No. or PCT International Application and was amended on (if applicable).				
I hereby state that I have revincluding the claims, as amer disclose all information which	ided by any amendment	(s) referred to abo	ne above-identified specification, ove. I acknowledge the duty to 7 CFR 1.56.		
Foreign Application(s) and/or Claim of	f Foreign Priority				
I hereby claim foreign priority benefit inventor(s) certificate listed below an a filing date before that of the applica-	d have also identified below a	ny foreign application f	of any foreign application(s) for patent or or patent or inventor(s) certificate having		
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
			YES: NO:		
			YES: NO:		

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed

APPLICATION NUMBER	FILING DATE		

U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (patented/pending/abandoned)		

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number

022879

Place Customer Number Bar Code Label here

Send Correspondence to:
HEWLETT-PACKARD COMPANY
Intellectual Property Administration
P.O. Box 272400
Fort Collins, Colorado 80527-2400

Direct Telephone Calls To: Robert E. Stachler II

(770) 933-9500

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:	Carol L. Thompson	Citizenship: USA
Residence:		Circle, San Jose, CA 95/29
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Court	Though	Jan 8, 2002
Inventor's Signature		Date ()

Rev 10/01 (DecPwr)

(Use Page Two For Additional Inventor(s) Signature(s))

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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10001153

Full Name of # 2 joint inventor:	Carv A Co	utant			Citizenshi <u>p:</u>	US A
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Full Name of # 3 joint inventor:					Citizenship:	
Residence:						
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Inventor's Signature		1100		Date		
Full Name of # 4 joint inventor:	:				Citizenship:	
Residence:						
Post Office Address:						
Inventor's Signature				Date		
Full Name of # 5 joint inventor	:				Citizenship:	
Residence:						
Post Office Address:						
Inventor's Signature				Date		
Full Name of # 6 joint invento	r:				Citizenship:	
Residence:						
Post Office Address:						
Inventor's Signature				Date		
Full Name of # 7 joint invento	or:				Citizenship	
Residence:						
Post Office Address:						
Inventor's Signature		····		Date		
Full Name of #8 joint invent	or:				Citizenship	:
Residence:						
Post Office Address:		A-MIN				
Inventor's Signature				Date		